

Introduction:

The Joint Readiness Clinical Advisory Board (JRCAB) serves as an executive-level body responsible to support the Department of Defense (DoD) medical readiness mission by enhancing Service medical department cooperation, interoperability, and operational flexibility, while achieving efficient health service support and conservation of resources. The Board reports to the Medical Health Systems Executive Committee (MHSEC). The JRCAB (formerly the Defense Medical Standardization Board), is governed by DoD Instruction 6430.2, with responsibilities outlined in its Charter through ASD (HA).

The JRCAB is chartered to convene and guide joint service Subject Matter Expert (SME) panels in the process of developing and maintaining jointly recommended medical materiel, grouped in Medical Materiel Sets (MMS's), for in-theater medical care. The patient condition (PC), clinical treatment brief (TB) and the medical materiel serve as the modeling constructs for the Task, Time, and Treater Database (TTT). The panels review and validate:

- a. Defined patient conditions (as applicable)
- b. Required clinical treatment briefs to medically address patient conditions by level of care (as applicable)
- c. Specific medical materiel sets (to include equipment) needed to undertake the clinical treatment

The criteria for selection/standardization of Deployable Medical Systems (DEPMEDS) materiel will be the consensus of the quad Services clinical subject matter experts. The JRCAB staff will obtain national Stock Numbers (NSNs) for all jointly selected, standardized, medical materiel for in-theater medical care. Following NSN assignment, the medical materiel will be catalogued into the DEPMEDS database, and maintained by the JRCAB staff.

Scope:

Established patient conditions, clinical treatment briefs and their associated Task, Time and Treater database form the core of our medical readiness planning for the first three levels of in-theater care. Joint Vision 2010/2020 changes the emphasis to essential care in theater (from definitive care in theater) with emphasis on greater medical evacuation of the stabilized patient. In addition medical assets are required to be lighter and occupy a smaller footprint. Recently clinical specialists and subject matter experts have

reviewed these databases to keep pace with developing military doctrine/policy, advanced technology, and treatment protocols.